

AF/KP 1633 / \$ 4240
PATENT APPLICATION
DOCKET NO.: 0746.1024-006
(UMMC91-03A2)
Davis
09-11-00NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicants: Harriet L. Robinson, Ellen F. Fynan, Robert G. Webster and Shan Lu

Application No.: 08/187,879 Group: 1633

Filed: January 27, 1994 Examiner: D. Clark

For: IMMUNIZATION BY INOCULATION OF DNA TRANSCRIPTION UNIT

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231

on 08/30/00

Date

Signature

Lisa Jensen

Typed or printed name of person signing certificate

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated May 30, 2000 of the Primary Examiner finally rejecting claims 44-46, 50, 51, 62-64, 67-70, 74 and 78-89. The item(s) checked below are appropriate:

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [] for [] month(s) from [] to [].
2. ☐ A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
☐ Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

4. Fees are submitted for the following:

<input type="checkbox"/>	Extension of Time for [] month(s)	\$	_____
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([] mo.)	\$	_____
	Less fee paid ([] mo.)	- \$	_____
	Balance of fee due	\$	0
<input type="checkbox"/>	Oral Hearing	\$	_____
<input checked="" type="checkbox"/>	Notice of Appeal	\$	300
<input type="checkbox"/>	Other _____	\$	_____
		TOTAL	\$ 300

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5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$300.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

*David E. Brook, R.N. 22,592*By *for Elizabeth W. Mata*

Elizabeth W. Mata

Registration No. 38,236

Telephone: (915) 845-3558

Facsimile: (915) 845-3237

Lexington, Massachusetts 02421-4799

Date: *8/30/00*